STATE OFFICE OF RURAL HEALTH
Advisory Board Meeting Minutes
Wednesday, March 5, 2008
SORH Office, Cordele, Georgia

Presiding:	Kevin Taylor, Chairperson
Present:	Charles Owens, Ex-Officio William Bina Jennie Wren Denmark Carlos Stapleton Stuart Tedders Cindy Turner Steve Barber (Via Telephone)
Absent:	Maryanne Shepherd Greg Dent
SORH Staff:	Sheryl McCoy, Recording Secretary
Visitors:	Rhett Partin, Georgia Hospital Association Margie Preston, Department of Community Health Maxine Lewis, Department of Community Health Renee Sherwood, Department of Community Health/Program Integrity Kitty Bishop, Southwest Health District Linda O'Donnell, Southwest Health District

Opening Remarks

The regular scheduled meeting of the State Office of Rural Health (SORH) Advisory Board meeting was held on Wednesday, March 5, 2008, at the SORH office, Cordele, Georgia. The meeting convened at 10:40 a.m.

Kevin Taylor, Advisory Board Chair, opened the meeting and welcomed members of the Advisory Board and guests.

SORH Advisory Board Minutes:
The minutes of the December 5, 2007 meeting were approved as submitted.

Charles Owens introduced Dr. Adrienne Mims, Medical Director, APS Healthcare, and expressed appreciation for their participation in our meeting.

Dr. Adrienne Mims informed the Board about APS Healthcare and their function in the health care system. She explained the APS Healthcare Program is contracted by the Georgia Department of Community Health (DCH) to provide a care management program for the aged, blind and disabled population. The service, referred to as the Georgia Medicaid Management Program (GAMMP), is provided by the Department of Community Health (DCH) and is free to Medicaid members. Some facts about the program are:

- Serves the Aged, Blind and Disabled Medicaid population who have been diagnosed with chronic illnesses such as diabetes, asthma, chronic obstructive pulmonary disease, congestive health failure, coronary artery disease and other non-common chronic illnesses
- Serves approximately 39,000 members residing in Metro-Atlanta and North Georgia where 85% have multiple chronic and co-morbid conditions coupled with complex psychosocial and socioeconomic issues and where 50% have a co-occurring mental illness
- Specialized care management services is provided for approximately 204,000 members across the state and provides:
  - Case Management
  - Disease Management
  - Base Services
- Integrated Care Model includes health coach, social worker, physicians, pharmacist, and registered dietician
- The disease management system is a coordinated system of healthcare interventions and communications for populations with conditions in which self-care efforts are significant
- The program endeavors to empower patients through:
  - Education
  - Use of self-management tools
  - Ongoing monitoring in support of the physician's treatment plan
- Base services include:
  - 24/7 nurse call center
  - Member profiling and education
  - Care coordination
  - Provider profiling and education
  - Claims Analysis
  - Referrals to APS Healthcare Social Workers
- Benefits of APS Health Programs for providers are:
  - Reinforcement of provider care (treatment) plans
  - Clinical Alerts of impending health issues

- Social Worker referrals to improve access to services
- Targeted support and follow-up for higher acuity patients to facilitate compliance
- Online access to patient claims and health behavior data through CareConnections
- HIPPA

Dr. Mims was assisted in the presentation by Jon Ducote, Marketing/Outreach Coordinator, APS Healthcare.

Kevin Taylor asked Dr. Mims how many employees/staff are employed in Georgia and how many work directly in the call center?

Dr. Mims answered there are 210 nurses and staff that manage the call center. The majority of their work is done by phone and over 90% of the phones are answered within 30 seconds.

Dr. Bina asked if all the health coaches are Georgians.

Dr. Mims replied the coaches are from Georgia and they prefer the coaches be from the same cultural region to better understand the population being served. She further explained many of their nursing staff have previously worked in other similar health care settings, such as hospice and home health care. The coaches are trained in-depth by APS Healthcare for the coaching positions.

Charles Owens thanked Dr. Mims and Mr. Ducote for taking the time to bring such an informative presentation to the Advisory Board. Mr. Owens shared information for the Georgia Rural Health Association's (GRHA) conference in September. He explained that Stuart Tedders is leading the student poster program for the GRHA.

Mr. Owens informed the Board that two new members have been assigned to the SORH Advisory Board by the Commissioner and will attend the next Board meeting. The two new members are Grace Newsome, North Georgia College and State University, and O.J. Booker III, CEO, Monroe County Hospital. Mr. Owens explained that the Board has one vacancy remaining to replace Maria Warda, RN, PhD. Recommendations have been sent to the Commissioner.

Jennie Wren Denmark gave a brief report from the Migrant Sub-Committee. She explained there have been several Immigration & Customs Enforcement (ICE) raids in Hinesville that has hindered the farm workers from participating in healthcare or attending educational events. The ICE raids cause the farm workers to be fearful of being seen in public. The Migrant Policy and Procedure Manual has been approved and sent to the Migrant sites. There has been a committee assigned to compile protocols for case managers and outreach workers to assure all the Migrant sites function consistently. The committee is seeking to develop training materials and resources to assist in the development of new Migrant sites.

Kevin Taylor asked Rhett Partin, GHA, to give a brief report on current Legislative issues.

Rhett Partin shared that the most urgent issue pertaining to health care is the bill concerning Care Management Organizations (CMOs). Mr. Partin explained the program was rolled out in haste, which has created several problems. Representative Mickey Channel issued HB1234 that seeks to rectify some of the problems that resulted from the massive conversion. The bill is going through the process and has met little resistance. Also ongoing are the Certificate of Need (CON) issue and the budget.

Cindy Turner asked Rhett to comment on the progress of the Myers Stauffer audit.

Rhett Partin replied that Myers & Stauffer is an independent accounting consultant firm contracted by the State to look at all issues related to the CMOs. A first stage report was issued in December. The initial focus was placed on hospitals, the largest institutional providers. The second phase of the report will focus on other levels and will address non-institutional providers. The report is expected to be available in Spring of 2008.

Kevin Taylor made comments on changes at the Federal level. He explained there are some rapid changes that are causing some repercussions in the hospital setting. Changes in some federal laws and rules are making it harder to partner and align with physicians. Several of the vehicles that have previously been available to hospitals for recruitment and retention of physicians are no longer available and options are narrowing. Mr. Taylor expressed his concern for the physicians. He stated that rules are changing so fast the infrastructure is not in place for physicians to keep up. The changes may cause a big divide in the hospital and physician relationship.

Dr. Bill Bina shared that many physicians in the Macon area are beginning to talk about getting reverting into the hospital setting for practice management. Physician reimbursement is going down, and they are trying to stabilize.

Steve Barber asked if perhaps Dr. Mims might be able to work with the CMOs, or contract with the State on behalf of the CMOs, to be a quality of care monitor.

Charles Owens stated that he would discuss the issue with Dr. Price, DCH, Chief of Managed Care.

Ms. Sherwood, DCH Program Integrity, commented that according to the way the CMOs are functioning at present, DCH does not mandate they use a group like APS. The CMOs may, in their own processing, see it as feasible to contract with a group like APS.

Steve Barber stated if there is a model that works with manageable outcomes, maybe it should be used.

Charles Owens gave a report from the SORH office.

- Migrant Program
  - Submitted Peach Houston expansion grant in December
  - Submitted Migrant Continuation grant in January
  - RTT Associates, Cordele, Georgia, selected to develop web-based hosting of data collection system
  - Ellenton Black Mold issue resolved
  - Draft completed for Enumeration study
  - Policy Manual printed and distributed to the sites

- PCO Program
  - Shortage designations consistently being worked in advance of due dates
  - HRSA announced proposed rule change to combine HPSA and MUA
  - J1 has placed 2 physicians as of October 1, 2008
    - Has 5 slots for physicians who are not physically located in an underserved area, but they must serve the underserved population
  - PCO grant submitted

- Hospital Services
  - SHIP grant in process and due in March
  - FLEX grant in process and due in April
  - Solicited applications for Quality Improvement (QI) project
  - Pending contract execution with accounting firm to provide Financial Evaluation for Critical Access Hospitals (CAHs)
  - CAH Health Information Technology (HIT) due April 1, 2008

- Rural Health Safety Net
  - Timeline for Phase 2:
    - June, RFGA
    - Complete in 90 days
    - Due Sept 1, 2008
    - Awards given by October 1, 2008

- Recruitment and Retention
  - Working on partnership with State Medical Education Board (SMEB) using our 3RNet

Kevin Taylor asked for comment from the DCH staff about the possibility of memos coming out soon concerning elections that will have to be made about reimbursements and wrap around payments in FQHCs and RHCs.

Maxine Preston said there will be something coming out soon on that subject.

Ms.Sherwood**, **DCH Program Integrity, stated primarily the CMOs are still required to encompass the PPS rates, and they use the wrap around payments in order to assure payments are consistent. DCH, Financial Services is working to make sure the CMOs are making correct payments, and to see if any adjustments need to be made. They are striving to be proactive with identifying potential problems to assure they are on the same page both internally and externally.

Kevin Taylor asked if the group from DCH has heard any discussion about the correct definition for a non-emergent visit by a Prudent Lay Person (PLP) in the Emergency Division (ED). Because there is no concrete definition, Emergency Departments are experiencing denials. Mr. Taylor would like for DCH to lend some help with this issue. He asked if anyone is aware and to comment accordingly.

Ms. Sherwood stated she has heard some discussion about the ED voicing concerns about the way CMOs are administering that particular benefit. The CMOs have title review restrictions that constitute emergent visits. Ms. Sherwood said she will look into that issue and review the feedback they have been receiving and review the topics occurring in the discussions.

Steve Barber, commented there is part of the HB1234 bill that addresses language that requires CMOs to recognize Prudent Lay Persons diagnosis on presentation, not discharge.

Kevin Taylor said some hospitals have been attempting to implement a Medical Screen Out (MSO) program to determine if patients are non-emergent. If determined they are non-emergent the patient has the option to pay the Emergency Room fee or they will refer them to another community resource. At this time, they do not have clarification from DCH or the manual as to whether they can or cannot screen out the Medicaid population.

Charles Owens shared that the Medically Underserved Area (MUA) designations have previously been evaluated on an old data report from the 1970's. Recently, data has been updated and there is movement to redefine the MUA and Health Professional Shortage Areas (HPSA) to merge the two programs into one. The merge will look at population center rather than distant requirements. In other words, some rural communities may look rural but are located close to an urban area. The new method does not consider contiguous areas. The merge looks like a positive move with the exception of the losses of some urban areas that may no longer be considered MUA which would limit their ability to recruit J-1 physicians. However, even under the old rules if re-evaluated many would loose their current MUA status.

Rhett Partin asked how it could be a positive situation if counties are losing shortage designations.

Charles Owens replied that placement of Federally Qualified Health Centers (FQHC) and other programs targeting underserved areas would be restricted to those areas of true need based on the current definition. As is it is a challenge for a genuinely underserved area to compete with a nearby non or minimally underserved area.

Jennie Wren Denmark remarked they have opened a new mental health clinic, as well as, a new clinic in Metter, Georgia.

Charles Owens reminded the group they should have received a copy of the Primary Care Access Plan. He offered to send copies to anyone who has not received a copy to date.

Mr. Owens informed the Board that the suggestions for changes to the DCH Ethics Statement has been sent to DCH and is going through the process of approval. The changes are also being considered for the grantees of the Department.

There being no further business or public comment, the meeting was adjourned.

Respectfully,

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Kevin Taylor, Chairman/Date Sheryl McCoy, Recording Secretary/Date

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Stuart Tedders, Secretary/Date